New Jersey Department of Health and Senior Services Bureau of Vital Statistics P. O. Box 370, Trenton, NJ 08625-0370

STATE USE ONLY										
Co/Mun Code										
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REQUEST TO PURCHASE CERTIFIED COPY OF VITAL RECORDS FORMS

Please mail this completed form along with the <u>original copy</u> of your Purchase Order to the attention of the State Registrar at the above address. See other important instructions on the reverse side.

Name of Municipality						Co	unty		Date		
SHIPPI	Ship To Name (Registrar Only) Alternate Ship To Name (Deputy or Alternate Deputy) Ship To Address					B I L L N G	Bill To (Na	me and Addre	ss)	<u> </u>	
N G											
Telephone Number ()				Fax Number ()				E-Mail Address			
Form Number / Description of Item							Quantity Per Pkg.	Cost Per Package	Packages Requested	Total Cost	
REG-42A Certified Copy of Vital I [Computer-Generated of Births, Marriages and Size: 8-1/2 x 11"				ertified Copies or Photocopies			500	\$66.58			
REG-42B Certified Copy of Vita (Photocopied 2004 o Size: 8-1/2 x 14"			ied 2004 or New	Record Newer Death Records)			500	\$66.58			
RI	EG-42C	Certified Copy of Vital Record (Microfilmed or Imaged Records / Image on Back) Size: 8-1/2 x 11"					500	\$66.58			
RI	EG-42D	Certified Copy of Vital Record (Typed Birth Record WITH Parents' Names) Size: 8-1/2 x 11"					50	\$6.65			
RI	EG-42E	Certified Copy of Vital Record (Typed Birth Record WITHOUT Parents' Names) Size: 8-1/2 x 11"					50	\$6.65			
REG-42F Certified Copy of Vital (Typed Marriage Reco Size: 8-1/2 x 11"			rriage Records)				50	\$6.65			
RI	REG-42G Certified Copy of Vital Rec (Typed Death Records) Size: 8-1/2 x 11"			cord			50	\$6.65			
REG-42H Certified Copy (Typed Dome Size: 8-1/2 x			opy of Vital Record mestic Partnership Records) 2 x 11"				50	\$6.65			
TOTAL COST FOR FORMS:											
FOR STATE USE ONLY									Date		

INSTRUCTIONS FOR COMPLETION

The following instructions are intended to help you complete the order form properly:

Ship To Name/ Alternate

Provide the name of the Registrar who will be responsible to accept and sign for the forms when they are delivered. The name of the Deputy or Alternate Deputy Registrar must be provided as a back up, in the event that the Registrar is unavailable to accept delivery of the forms.

Ship To Address

Provide a physical location address since these forms are shipped via express courier, with a receiving signature required. Do not provide a post office box.

Bill To (Name and Address)

Provide the name and address of the individual to whom the bill should be mailed. Please enter complete information even if it is the same as the Ship To Address.

Quantity Per Package

Please note that some of the forms are sold in packages of 500 forms, while others are sold in smaller packages of only 50 forms.

Packages Requested

Enter the number of packages requested, **NOT** the number of forms.

Total Cost

Multiply the cost per package by the number of packages requested. Add all entries in this column and enter it at the bottom. This will be the total cost for your order.

Purchase Orders

MUST be approved by the Office of the State Registrar, Bureau of Vital Statistics, **BEFORE** being submitted to Moore-Wallace.

Mail directly to:

Vendor Information:

Office of the State Registrar Bureau of Vital Statistics

P. O. Box 370

Trenton, NJ 08625-0370

Moore-Wallace North America Inc.

Contract Number A55230

FEIN: 160331690

Payment for Processed PO's You MUST include the Invoice Number on your check when you remit payment, or attach a copy of the Invoice to your check. If space permits, also include the purchase order number, name of municipality and name of county on your check.

Send payment directly to Moore-Wallace North America, at the address provided on the Invoice.

IMPORTANT!

It is important to remit prompt payment for the forms ordered.

Outstanding balances due may result in future orders being delayed.

Moore Wallace can refuse to ship additional forms to any municipality with an outstanding balance due.